



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2017

Agency Name:

MA State Police

Name of Chief, Commissioner, or Agency Head:

Colonel Richard D. McKeon

Name of Individual Completing Report:

Major Kerry A. Gilpin

Contact Telephone:

Ext.

(508) 867-1045

Contact Email:

kerry.gilpin@massmail.state.ma.us

Date Submitted: mm/dd/yyyy

07/31/2017

Semi-Annual Reporting Period	Time Period	Report Due Date
<input checked="" type="radio"/> 1st	January 1, 2017 – June 30, 2017	July 31, 2017
<input type="radio"/> 2nd	July 1, 2017 – December 31, 2017	January 31, 2018

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs during this semi-annual reporting period only.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Charlie Lizza at 617.725.0260.
- Contact Charlie Lizza by phone (617.725.3311) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department. 2,120
2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department. 1,243
3. How many ECWs does your department own? 1,295
4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department. 1,243
5. How many ECW involved *incidents* occurred during this reporting period? 46

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

- 1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Displaying ECW and shouting, "Stop!"

- 2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



Line number	1 Incident Number List the incident number sequentially (1,2,3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	2 Weapon Serial Number List the serial number of the ECW weapon that was involved.	3 Weapon Color Indicate the color of the ECW device.	4 Date of Incident List the date in which the incident occurred. mm/dd/yyyy	5 Warning Was an ECW warning given at any point during the incident? Select: Yes or No If No, skip to question 10	6 Verbal/Visual Warning a. Was a verbal/visual warning given? b. Did subject submit to verbal/visual warning? Select: Yes or No If No, skip to question 7		7 Laser Warning a. Was a laser warning given? b. Did subject submit to laser warning? Select: Yes or No If No, skip to question 8		8 Spark Warning a. Was a spark warning given? b. Did subject submit to spark warning?	
EX 1		XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX 1b		C23456	Black	01/02/2015	No						
EX 2		11234DE	Yellow	02/05/2015	Yes	No	Yes	Yes	Yes	Yes	Yes
01	1			01/02/2017	Yes	Yes	No	No	No	No	
02	2			01/05/2017	Yes	Yes	Yes	No	No	No	
03	3			01/04/2017	Yes	Yes	Yes	No	No	No	
04	3b			01/04/2017	Yes	Yes	Yes	No	No	No	
05	4			01/11/2017	Yes	Yes	No	No	No	No	
06	5			01/13/2017	Yes	Yes	Yes	Yes	No	No	
07	6			01/27/2017	Yes	Yes	Yes	Yes	No	No	
08	7			01/25/2017	Yes	Yes	No	Yes	Yes	No	
09	8			02/05/2017	Yes	Yes	No	Yes	Yes	No	
10	9			02/19/2017	Yes	Yes	No	Yes	No	Yes	No
11	10			02/28/2017	Yes	Yes	No	Yes	No	No	

Line number	9 Submission	10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.
	Select: Yes or No If the subject did not submit to any ECW warning types, leave blank		Select: Yes or No	Select: Yes or No (If 0, enter 0 and skip to question 12)	Select: Yes or No	Select: Male Female Non-Human (i.e. dog) If Non-human	White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	mm/dd/yyyy
EX	No	0		2	Yes	Male	White	05/10/1965
EX		1	Yes	0		Male	White	05/10/1965
EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948
01		1	Yes	0		Male	Hispanic or Latii	02/21/1988
02		2	Yes	0		Male	Black	07/26/1982
03		0		0		Male	Hispanic or Latii	05/20/1990
04		0		0		Male	Hispanic or Latii	05/20/1990
05		1	No	0		Male	Hispanic or Latii	07/21/1981
06		2	No	0		Male	Hispanic or Latii	11/10/1968
07		2	No	0		Male	Hispanic or Latii	09/09/1991
08	Yes	0		0		Male	Black	07/05/1992
09	Yes	0		0		Male	Black	01/21/1981
10		2	Yes	0		Male	Black	05/23/1989
11		1	Yes	0		Male	White	11/21/1989



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

Line Number	1 Incident Number	2 Weapon Serial Number	3 Weapon Color	4 Date of Incident	5 Warning	6 Verbal/Visual Warning		7 Laser Warning		8 Spark Warning	
	List the incident number sequentially (1,2,3).	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
	Do not list in-house incident numbers			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No	Select: Yes or No If No, skip to question 8	Select: Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
EX 1	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX 7b	7b	C23456	Black	01/02/2015	No	No	No	No	No	No	No
EX 2	2	11234DE	Yellow	02/05/2015	Yes	No	No	Yes	Yes	Yes	Yes
12	11			02/26/2017	Yes	Yes	No	Yes	No	No	
13	12			03/07/2017	Yes	Yes	No	Yes	No	No	
14	13			03/13/2017	No						
15	14			03/26/2017	Yes	Yes	No	No	No	No	
16	14b			03/26/2017	No						
17	15			03/25/2017	Yes	Yes	No	Yes	No	No	
18	16			04/02/2017	Yes	Yes	No	Yes	No	No	
19	17			04/02/2017	Yes	Yes	No	Yes	Yes	No	
20	18			04/02/2017	Yes	Yes	No	Yes	Yes	No	
21	19			04/01/2017	Yes	Yes	No	Yes	No	Yes	No
22	20			04/15/2017	Yes	Yes	No	Yes	Yes	No	

Line number	9 Submission	10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 day probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.
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EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948
12		0		0		Male	Black	02/11/1996
13		1	No	0		Male	Hispanic or Latin	08/22/1990
14		1	Yes	0		Male	Hispanic or Latin	06/07/1990
15		1	No	0		Male	Hispanic or Latin	05/01/1987
16		2	No	0		Male	Hispanic or Latin	05/01/1987
17		1		0		Male	Asian	05/21/1984
18		0		0		Female	Black	11/17/1992
19	Yes	0		0		Female	Black	08/14/1992
20	Yes	0		0		Female	White	01/26/1999
21		1	No	2	Yes	Male	Black	09/30/1975
22	Yes	0		0		Male	White	02/04/1976



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1	2	3	4	5	6		7		8	
Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
List the incident number sequentially (1,2,3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. mm/dd/yyyy	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
				Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9	Select: Yes or No	Select: Yes or No
EX 1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX 1b	C23456	Black	01/02/2015	No						
EX 2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
01	21		05/18/2017	Yes	Yes	No	Yes	Yes	No	
02	22		04/30/2017	Yes	Yes	No	No		No	
03	23		03/19/2017	Yes	Yes	No	Yes	Yes	No	
04	24		05/06/2017	Yes	Yes	No	Yes	No	No	
05	25		05/03/2017	Yes	Yes	No	Yes	Yes	No	
06	26		05/03/2017	Yes	Yes	No	Yes	No	Yes	No
07	27		04/13/2017	Yes	Yes	No	Yes	No	No	
08	28		05/10/2017	Yes	Yes	No	No		No	
09	29		05/11/2017	Yes	Yes	No	No		No	
10	30		05/22/2017	Yes	Yes	No	Yes	Yes	No	
11	31		05/05/2017	Yes	Yes	No	Yes	Yes	No	

Line number	9 Submission		10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?			
	Select: Yes or No If the subject did not submit to any ECW warning types, leave blank	Select: Yes or No (If 0, enter 0 and skip to question 11)	Select: Yes or No (If 0, enter 0 and skip to question 12)	Select: Yes or No (If Non-human (i.e. dog) → STOP)	With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.			
EX	No	0	2	Yes	Male	White	05/10/1965		
EX		1	3	Yes	Male	White	05/10/1965		
EX	Yes	0	0		Female	American Indian/Alaska Native	12/01/1948		
01	Yes	0	0		Male	Hispanic or Latii	07/01/1990		
02		1	1	No	Male	Hispanic or Latii	01/10/1996		
03	Yes	0	0		Male	White	07/25/1966		
04		1	1	No	Male	Hispanic or Latii	02/20/1996		
05	No	0	0		Male	Hispanic or Latii	06/05/1995		
06		0	1		Male	Black	12/31/1997		
07		0	0		Male	Black	01/17/1997		
08		1	1	Yes	Male	Hispanic or Latii	03/30/1993		
09		1	2	No	Male	Black	06/26/1992		
10		0	0		Male	Black	03/31/1978		
11	Yes	0	0		Male	Black	12/27/1982		



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	1	2	3	4	5	6	7	8
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning	Laser Warning	Spark Warning
	List the incident number sequentially (1, 2, 3).	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given? b. Did subject submit to verbal/visual warning?	a. Was a laser warning given? b. Did subject submit to laser warning?	a. Was a spark warning given? b. Did subject submit to spark warning?
	Do not list in-house incident numbers							
	For incidents with more than one officer use same incident number and chronological letter suffix.			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No
EX	1b	C23456	Black	01/02/2015	No			
EX	2	11234DE	Yellow	02/05/2015	Yes	No	Yes	Yes
12	32			05/19/2017	Yes	Yes	No	No
13	33			05/09/2017	Yes	Yes	Yes	No
14	34			06/18/2017	Yes	Yes	No	No
15	35			06/12/2017	Yes	Yes	Yes	No
16	36			04/09/2017	No			
17	37			05/05/2017	Yes	Yes	Yes	No
18	38			06/19/2017	Yes	Yes	No	No
19	39			06/19/2017	Yes	Yes	Yes	No
20	40			06/17/2017	Yes	Yes	Yes	No
21	41			05/22/2017	Yes	Yes	Yes	No
22	42			05/12/2017	Yes	Yes	Yes	No

Line number	9 Submission	10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
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EX	No	0		2	Yes	Male	White	05/10/1965
EX		1	Yes	0		Male	White	05/10/1965
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12		0		2	Yes	Male	White	04/19/1988
13	Yes	0		0		Male	Hispanic or Latii	01/25/1989
14		2	Yes	0		Male	Hispanic or Latii	10/05/1994
15	Yes	0		0		Male	Black	08/07/1977
16		1	Yes	0		Male	White	07/18/1964
17		2	Yes	0		Male	Hispanic or Latii	05/18/1969
18		2	No	0		Male	Hispanic or Latii	10/16/1987
19		2	No	4	No	Male	Black	07/17/1985
20		2	Yes	0		Male	Hispanic or Latii	07/20/1985
21	Yes	0		0		Male	Hispanic or Latii	03/26/1980
22		1	No	5		Male	Hispanic or Latii	10/16/1977



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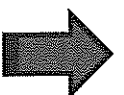
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	9	10	11	12	13	14
	Submission	Probe Deployments	Stun Deployments	Subject Sex	Subject Race	DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?	a. Indicate the number of 2 dart probe deployments.	b. Did subject submit to probe deployments?	c. Did subject submit to stun deployments?	a. Indicate the number of 5 second cycle deployments.	b. Did subject submit to stun deployments?
Line number						
EX	No	0	0	2	Yes	Male
EX		1	3	0	Yes	Male
EX	Yes	0	0	0	Female	American Indian/Alaska Native
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						



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Ext.

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Date Submitted: mm/dd/yyyy

(508) 820-2300

michael.drummy@massmail.state.m

02/27/2018

Semi-Annual Reporting Period	Time Period	Report Due Date
<input type="radio"/> 1st	January 1, 2017 – June 30, 2017	July 31, 2017
<input checked="" type="radio"/> 2nd	July 1, 2017 – December 31, 2017	January 31, 2018

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Charlie Lizza at 617.725.0260.
- Contact Charlie Lizza by phone (617.725.3311) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

2,090

2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department.

1,228

3. How many ECWs does your department own?

1,485

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

1,228

5. How many ECW involved *incidents* occurred during this reporting period?

35

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Displaying ECW and shouting, "Stop!"

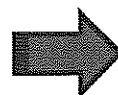
2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



	1	2	3	4	5	6		7		8	
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
	List the incident number sequentially (1, 2, 3).	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
				mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 9	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX	7b	C23456	Black	01/02/2015	No	No	No	No	No	No	No
EX	2	11234DE	Yellow	02/05/2015	Yes	No	No	Yes	Yes	Yes	Yes
01	1			07/05/2017	Yes	Yes	No	Yes	No	Yes	No
02	2			08/22/2017	Yes	Yes	No	Yes	Yes	No	
03	3			08/08/2017	Yes	Yes	No	Yes	Yes	No	
04	4			08/24/2017	Yes	Yes	No	Yes	No	No	
05	5			08/15/2017	Yes	Yes	No	Yes	No	Yes	No
06	5b			08/15/2017	Yes	Yes	No	Yes	No	Yes	No
07	5c			08/15/2017	Yes	Yes	No	Yes	No	Yes	No
08	6			08/14/2017	Yes	Yes	No	No	No	No	
09	7			08/08/2017	Yes	Yes	No	Yes	Yes	No	
10	8			08/24/2017	Yes	Yes	No	Yes	No	No	
11	9			09/02/2017	Yes	Yes	No	Yes	Yes	No	

	9	10			11		12	13	14
	Submission	Probe Deployments			Stun Deployments		Subject Sex	Subject Race	DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.
	Select: Yes or No If the subject did not submit to any ECW warning types, leave blank	Select: Yes or No (If 0, enter 0 and skip to question 11)			Select: Yes or No (If 0, enter 0 and skip to question 12)		Select: Male Female Non-Human (i.e. dog) If Non-human	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	mm/dd/yyyy
EX	No	0			2	Yes	Male	White	05/10/1965
EX		1	3	Yes	0		Male	White	05/10/1965
EX	Yes	0			0		Female	American Indian/Alaska Native	12/01/1948
01	No	0			0		Male	Black	08/10/1971
02	Yes	0			0		Male	White	08/18/1995
03	Yes	0			0		Male	White	11/21/1996
04		1	0	No	0		Male	Hispanic or Latii	04/03/1993
05		0			0		Male	Other Middle Eastern	03/12/1992
06		0			0		Male	Other Middle Eastern	03/12/1992
07		0			0		Male	Other Middle Eastern	03/12/1992
08		0			1	Yes	Male	Hispanic or Latii	07/02/1999
09	Yes	0			0		Male	White	05/01/1988
10		0			1	No	Male	Black	05/18/1987
11	Yes	0			0		Male	Hispanic or Latii	09/12/1997

Line number



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

	1	2	3	4	5	6	7	8
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning	Laser Warning	Spark Warning
	List the incident number sequentially (1,2,3).	List the serial number of the ECW/weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given? b. Did subject submit to verbal/visual warning?	a. Was a laser warning given? b. Did subject submit to laser warning?	a. Was a spark warning given? b. Did subject submit to spark warning?
	Do not list in-house incident numbers							
	For incidents with more than one officer use same incident number and chronological letter suffix.			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9
Line number								
EX 1	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No
EX 16	16	C23456	Black	01/02/2015	No			
EX 17	17	11234DE	Yellow	02/05/2015	Yes	No	Yes	Yes
12	10			09/14/2017	Yes	Yes	Yes	No
13	11			08/25/2017	Yes	Yes	Yes	No
14	12			08/22/2017	Yes	Yes	Yes	No
15	13			09/17/2017	No	No	No	No
16	14			10/06/2017	Yes	Yes	Yes	No
17	15			10/10/2017	Yes	Yes	Yes	Yes
18	16			10/13/2017	Yes	Yes	Yes	No
19	17			10/11/2017	Yes	Yes	Yes	No
20	18			10/07/2017	Yes	Yes	Yes	No
21	19			10/17/2017	Yes	Yes	Yes	No
22	20			09/17/2017	Yes	Yes	Yes	No

Line number	9 Submission	10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 day probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.
	Select: Yes or No If the subject did not submit to any ECW warning types, leave blank	(If 0, enter 0 and skip to question 11)	Select: Yes or No	(If 0, enter 0 and skip to question 12)	Select: Yes or No	Select: Male Female Non-Human (i.e. dog) If Non-human	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	mm/dd/yyyy
EX	No	0		2	Yes	Male	White	05/10/1965
EX		1	Yes	0		Male	White	05/10/1965
EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948
12	No	1	Yes	0		Male	Black	09/09/1991
13	No	2	No	0		Male	Black	01/28/1993
14	No	1	No	1	No	Male	White	08/01/1992
15	No	1	Yes	0		Non-Human		
16	No	2	No	0		Male	White	07/05/1956
17	No	1	Yes	0		Male	Hispanic or Latino	02/20/1989
18	Yes	0		0		Male	White	11/13/1980
19	No	2	Yes	0		Male	Hispanic or Latino	11/21/1993
20	Yes	0		0		Male	White	03/08/1988
21	No	1	No	0		Male	Hispanic or Latino	01/15/1981
22	Yes	0		0		Male	White	01/26/1962



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2017

Agency Name:

MA State Police

Name of Chief, Commissioner, or Agency Head:

Colonel Kerry A. Gilpin

Name of Individual Completing Report:

Captain Michael Drummy

Contact Telephone:

Ext.

(508) 820-2300

Contact Email:

michael.drummy@massmail.state.m

Date Submitted: mm/dd/yyyy

02/27/2018

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5. How many ECW involved incidents occurred during this reporting period? 35

- See next page for definition of an *ECW incident*.
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Submit entire form.



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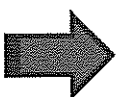
- 2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

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- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
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Line Number	1 Incident Number	2 Weapon Serial Number	3 Weapon Color	4 Date of Incident	5 Warning	6 Verbal/Visual Warning		7 Laser Warning		8 Spark Warning	
	List the incident number sequentially (1,2,3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. mm/dd/yyyy	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
					Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No	Select: Yes or No If No, skip to question 8	Select: Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
EX 1	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX 1b	1b	C23456	Black	01/02/2015	No						
EX 2	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
01	20B			09/17/2017	Yes	Yes	No	Yes	Yes	No	
02	21			10/22/2017	Yes	Yes	No	Yes	Yes	No	
03	22			10/31/2017	Yes	Yes	No	Yes	No	No	
04	23			09/29/2017	Yes	Yes	No	Yes	Yes	No	
05	24			10/16/2017	Yes	Yes	No	Yes	No	No	
06	25			11/06/2017	Yes	Yes	No	Yes	Yes	No	
07	26			11/01/2017	Yes	Yes	No	Yes	No	No	
08	27			10/25/2017	Yes	Yes	No	Yes	No	No	
09	28			12/07/2017	Yes	Yes	No	No	No	No	
10	29			11/24/2017	Yes	Yes	No	Yes	No	No	
11	29B			11/24/2017	Yes	Yes	No	Yes	No	No	

9		10		11		12	13	14
Submission		Probe Deployments		Stun Deployments		Subject Sex	Subject Race	DOB
If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No If the subject did not submit to any ECW warning types, leave blank		a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?	Select: Male Female Non-Human (i.e. dog) If Non-human	With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	Subject date of birth Leave blank if unknown.
EX	No	0		2	Yes	Male	White	05/10/1965
EX		1	3	0	Yes	Male	White	05/10/1965
EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948
01	Yes	0		0		Male	White	01/26/1962
02	Yes	0		0		Male	White	04/30/1990
03	No	1	1	0		Male	White	11/24/1996
04	Yes	0		0		Male	Hispanic or Latii	04/11/1974
05	No	0		0		Male	Other Middle Eastern	11/18/1991
06	Yes	0		0		Male	White	06/26/1976
07	No	1	1	0		Male	White	12/31/1992
08	No	2	2			Male	White	02/03/1994
09	No	0		1	Yes	Male	Hispanic or Latii	01/28/1997
10	No	0		0		Male	Black	09/13/1975
11	No	0		0		Male	Black	09/13/1975



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

	1	2	3	4	5	6	7	8
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning	Laser Warning	Spark Warning
	List the incident number sequentially (1,2,3).	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given? b. Did subject submit to verbal/visual warning?	a. Was a laser warning given? b. Did subject submit to laser warning?	a. Was a spark warning given? b. Did subject submit to spark warning?
	Do not list in-house incident numbers							
	For incidents with more than one officer use same incident number and chronological letter suffix.			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9
Line Number								
EX 1	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No
EX 1b	1b	C23456	Black	01/02/2015	No			
EX 2	2	T1234DE	Yellow	02/05/2015	Yes	No	Yes	Yes
12	30			11/04/2017	Yes	No	No	No
13	31			12/07/2017	Yes	No	Yes	No
14	32			12/02/2017	Yes	No	No	No
15	32B			12/02/2017	Yes	No	No	No
16	33			12/23/2017	Yes	No	Yes	No
17	33B			12/23/2017	Yes	No	Yes	No
18	33C			12/23/2017	Yes	No	Yes	No
19	34			12/27/2017	Yes	No	Yes	No
20	35			12/23/2017	Yes	No	Yes	No
21	35B			12/23/2017	No	No	No	No
22	35C			12/23/2017	Yes	No	Yes	No

Line number	9 Submission	10 Probe Deployments		11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.
	Select: Yes or No If the subject did not submit to any ECW warning types, leave blank	(If 0, enter 0 and skip to question 11)	Select: Yes or No	(If 0, enter 0 and skip to question 12)	Select: Yes or No	Select: Male Female Non-Human (i.e. dog) If Non-human → STOP	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	
EX	No	0		2	Yes	Male	White	05/10/1965
EX		1	Yes	0		Male	White	05/10/1965
EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948
12	No	1	No	1	No	Male	Black	03/27/1981
13	No	0		0		Male	Hispanic or Latii	07/26/1987
14	No	0		0		Female	Black	07/03/1978
15	No	1	Yes	0		Male	Black	04/26/1992
16	No	0		0		Male	Black	04/26/1992
17	No	1	Yes	0		Male	Black	04/26/1992
18	No	0		0		Male	Black	04/26/1992
19	Yes	0		0		Male	Asian	01/30/1960
20	No	1	No	0		Male	Hispanic or Latii	05/10/1971
21	No	1	No	3	No	Male	Hispanic or Latii	05/10/1971
22	No	2	No	0	No	Male	Hispanic or Latii	05/10/1971